

## Attachment C

### *Long-Term Care Planning Grant Proposal*

#### **FAMILY PARTNERSHIP CARE MANAGEMENT COALITION (FPCMC)**

**APPLICANT ORGANIZATION AND CONTACT:** This proposal is submitted by the Family Partnership Care Management Coalition (FPCMC). The following organizations are participating in this response:

- 13 Counties -- Columbia, Dodge, Green Lake, Jefferson, Juneau, Manitowoc, Marquette, Ozaukee, Sauk, Sheboygan, Washington, Waukesha, and Waushara. All of these counties except Waushara currently are members of the Family Partnership Initiative (FPI), a multi-county managed care program with Lutheran Social Services that provides comprehensive care management and services to youth at risk of institutionalization
- Two Care Management Organizations for the Family Care Program - Fond du Lac CMO and Richland CMO
- Three Wisconsin Partnership Programs - Community Care, Inc. (CC), Community Living Alliance, Inc. (CLA) and Elder Care of Wisconsin
- Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS)
- The Management Group, Inc. (TMG)

All partners of FPCMC have experience with managed care approaches to human service delivery and therefore an understanding of the potential of this approach, as well as its financial and administrative requirements. Partners also have extensive programmatic and administrative experience in the provision of community-based long-term care, health care, and nursing home services.

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LSS has been designated as the fiscal agent to receive and handle the funds on behalf of the coalition. LSS will not be charging a fee to perform fiscal agent services.

**PLANNING GRANT REQUEST:** FPCMC is requesting a planning grant in the amount of \$100,000. The planning process will take place over an 18-month period and will result in a comprehensive program design outlining a clear vision and implementation approach for key aspects of the managed care organization. The Family Care and Partnership Programs are the program platforms from which FPCMC will design and build its regional managed care program. The planned program design will include anticipated implementation timelines and will address the following elements: organization and governance, risk and needs profiling, financial viability and solvency, operational infrastructure (including financial, administrative and information technology systems), provider network, consumer-centered care management and self-direction, consumer participation, relationship to Aging and Disability Resource Centers (ADRC), and quality management. TMG will be responsible for facilitating a comprehensive planning process involving all partners and consumer representatives. A project manager will also be hired by FPCMC.

**AREA:** The geographic area served by FPCMC is contiguous with the boundaries of the COP/CIP and Family Care counties participating in the coalition. The potential MA-eligible long-term care population to be served is as follows:

	Population (DOA Census)		COP and Waiver Programs (DHFS)			FC (DHFS)	SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait List (DHFS)
	All	18+	Elderly	DD*	PD				
REGIONAL TOTALS	1,221,348	907,220	1,592	2,526	873	1,287	15,987	5,661	2,259

The population counts are derived from public data, available on State of Wisconsin web sites.

\*DD COP and Waiver and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

**BACKGROUND:** The long-term care delivery system in the FPCMC area consists of a combination of COP/CIP programs, Family Care CMOs and two ADRCs associated with the CMOs, with two additional county-based ADRCs under development. Sheboygan County and a three-county collaboration among Marquette, Green Lake and Waushara counties are currently working on the development of an ADRC. There currently is little formal coordination among the long-term care programs. However, there is significant coordination among the 15 counties who are members of the Family Partnership Initiative (FPI) program, a multi-county managed care program with Lutheran Social Services that provides comprehensive care management and services to youth at risk of institutionalization, initiated in 1996. The 13 county partners bring to the table local care management, eligibility determination, stakeholder and consumer participation processes, and provider networks with over

20 years of experience in community-based long-term care. The nearly 10 years of experience that FPI members have had working together on the FPI managed care program provide a positive opportunity for expanding to regional collaboration for managed long-term care. Similarly, the expertise and experience in managed care provided by the two Family Care Programs and the three Wisconsin Partnership Programs participating in FPCMC provides a sound base for managed care expansion. Finally, the considerable experience of LSS as a service provider and of TMG in the development of managed care organizations involving multiple entities significantly improves FPCMC's capability to develop and implement a successful managed care program.

At the same time, the partners recognize the challenges that lie ahead. The FPCMC coalition covers a large geographic area and many governing entities with different methods of operation, differing legal frameworks, and diverse IT systems. It will be a challenge to bring these entities together into a coordinated system. However, FPCMC partners have the demonstrated ability to do the work necessary to achieve this goal.

**PLANNING PARTNERS AND RESOURCES:** All twenty FPCMC partners will be fully involved in the planning process, investing \$40,000 in cash and \$312,000 in in-kind contributions to the project. Active participation of consumers and representatives of the ADRCs (existing and planned), county aging units and departments, independent living centers, and public and private nursing homes will be solicited upon initiation of planning. Partners will use their existing consumer committees to generate consumer representation from all target groups in the planning process. Teleconferences, e-mail and other means will be used to facilitate participation by consumers for whom ability to attend a meeting would be problematic.

TMG will facilitate the planning process, and there will also be a project manager, thus ensuring that the planning process will be well organized, with the capacity to carry out needed research and analysis. The FPCMC planning group will meet at least monthly. In addition, partners will serve on a number of committees charged with analyzing and developing recommendations on key aspects of the transition to managed care. In doing so they will be making in-kind contributions to the planning process (see budget.)

The planning process will be structured so that persons with expertise on key functions—financial, information technology, care management, quality management, etc.—are represented on the planning team.

Consumers will be involved as well. If it is determined that appropriate expertise is not readily available within the FPCMC group, persons with needed expertise will be brought in to help with the planning process.

**COORDINATION/INTEGRATION WITH CURRENT INITIATIVES:** The Richland and Fond du Lac CMOs, and the CLA, Elder Care, and CC organizations will be full participants in this initiative; thus existing managed care organizations will be integrally involved in the program design and implementation. Existing and developing ADRCs in the FPCMC region will also participate in the planning process. A major part of the planning process will involve determining how to extend ADRC services across the area, in a way that is accessible to consumers locally and which provides for cost-effective resource use. The planning process will result in FPCMC's being in the position to capture expanding state resources to support development of full service ADRC's.

**READINESS FOR MANAGED CARE:** FPCMC is ready to move toward active planning and implementation of a managed long-term care system serving all three target groups. It is anticipating an 18-month planning process to develop a detailed organizational plan for the managed care approach. This would be followed by an 18-36 month phased implementation period.

The extensive experience of all participating organizations with long-term care and managed care provides the needed knowledge and experience base to begin developing business systems needed for managed care. FPCMC is aware that complementary responses are also being prepared by CC (South Eastern Wisconsin CMO); The Northeast Region, CLA and Elder Care, and Richland CMO which overlap with some FPCMC counties. FPCMC sees this as a strength and opportunity and accordingly would be interested in organizing joint efforts with other coalitions to work on areas such as information technology, provider network development, performance contracting, training and staff development, work force, and quality management system design. There would be significant advantages to having consistent, statewide approaches in these areas. Additionally, collaborative efforts in these areas would allow participants to pool planning funds, resulting in more cost-effective use of planning resources.

**BUDGET FOR THE PLANNING PROCESS:**

The total revenue for the project will be \$140,000 of which \$100,000 is the requested Planning Grant.

Assuming receipt of a planning grant requested, each partner has committed to contribute up to \$2,000, for a

total of \$40,000 in cash contributions. In addition, in-kind contributions of \$312,000 will be made by the partners.<sup>1</sup>

Partner	Contributions		Expenditures	Budget
	In-Kind	\$		
DHFS		\$100,000	Project Management	\$60,000
13 Counties		\$26,000	Consultation (planning, facilitation analysis, need and risk profiling, information systems, legal services, quality system design)	\$60,000
2 CMO		\$4,000	Facilitation of Consumer Participation	\$10,000
3 WPP		\$6,000	Travel / incidentals (Travel, meetings, etc.)	\$10,000
Private Partners		\$4,000		
<b>Total</b>	\$312,000	\$140,000	<b>Total</b>	\$140,000

**Deliverables:** The planning process will result in a detailed timetable and phase-in plan for the managed long-term care program. Planning for each of the key planning areas listed below will be organized in a two-phased approach. Preliminary reports for the each work group will be due by October 15, 2006. These reports will the activities undertaken and lessons learned, initial ideas about preferred an/ or alternative approaches to the assigned areas, critical issues to be addressed, along with areas for FPCMC level policy direction, required collaborate/interface with other work groups, an and anticipated Phase II work plan will presented. Final reports will be due from each group by April 15, 2007. This will allow time for review FPCMC and completion of a fully final plan and proposed implementation time line. The planning process will result in detailed plans for:

1. MCO organization and governance, including selection or development of MCO(s) and analysis of changes needed in existing waivers, and statutory language, if any, to implement this plan	5. Consumer participation protocols
2. ADRC development plan	6. Care management approach and consumer self-direction models
3. Financial management and risk-sharing protocols	7. Quality management system
4. Information technology integration plan	8. Financial viability and solvency plan

**CLOSING:** FPCMC includes a coalition of counties representing 30% of the state's population. Its FPI members and LSS have a proven nine-year track record of assuming shared risk across counties and with a private partner, while sharing in the development of a flexible, family-centered approach to care management and service delivery for youth at risk of high cost institutionalization. Based on this level of collective experience and trust, the FPI members have reached out to other organizations to form a coalition (FPCMC) capable of and committed to the development and implementation of a managed long-term care program. These organizations (TMG, CC, CLA, Elder Care) bring proven track records as developers and implementers of high quality, cost efficient, individualized, consumer-centered, financially solvent managed care programs. It is eager to work with DHFS and our consumer partners, local stakeholders and governing bodies; confident in our ability to bring high quality managed long-term care services to our consumers.

<sup>1</sup> Assumes each participating organization will contribute an average of 4 hours per week of staff time over an 18-month period, at a cost averaging \$50 per hour. This may vary from partner to partner. Does not include transportation costs.